

PREVAILED

Roll Call No. _____

FAILED

Ayes _____

WITHDRAWN

Noes _____

RULED OUT OF ORDER

HOUSE MOTION _____

MR. SPEAKER:

I move that Engrossed Senate Bill 66 be amended to read as follows:

- 1 Page 3, between lines 10 and 11, begin a new paragraph and insert:
- 2 "SECTION 3. IC 12-15-12-6 IS AMENDED TO READ AS
- 3 FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 6. (a) A Medicaid
- 4 recipient may be admitted to a hospital by a physician other than the
- 5 recipient's managed care provider if the recipient requires immediate
- 6 medical treatment.
- 7 (b) The admitting physician shall notify the recipient's managed care
- 8 provider of the recipient's admission not more than forty-eight (48)
- 9 hours after the recipient's admission.
- 10 (c) Payment for services provided a recipient admitted to a hospital
- 11 under this section shall be made only for services that the office or the
- 12 contractor under IC 12-15-30 determines were medically reasonable
- 13 and necessary.
- 14 **(d) A physician who provides physician services in the**
- 15 **emergency department of a hospital licensed under IC 16-21 to a**
- 16 **recipient of services from a managed care organization shall notify**
- 17 **the managed care organization not later than five (5) business days**
- 18 **after the physician provided a service to the recipient. The**
- 19 **managed care organization may specify the procedure by which the**
- 20 **physician must notify the managed care organization, including**
- 21 **that the notice may be in written or electronic format.**
- 22 SECTION 4. IC 12-15-12-18.5 IS ADDED TO THE INDIANA
- 23 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 24 [EFFECTIVE JULY 1, 2005]: Sec. 18.5. (a) Subject to federal law,
- 25 a managed care organization may establish policies to control the

1 inappropriate utilization of emergency room services by a
2 recipient.

3 (b) Before a managed care organization may implement a policy
4 under subsection (a), the managed care organization shall notify
5 each Medicaid recipient at least thirty (30) days before
6 implementing the policy.

7 (c) A recipient may appeal under IC 4-21.5 the implementation
8 of a policy under subsection (a).".

9 Page 3, line 33, reset in roman "(e) This section does not apply to".

10 Page 3, line 33, reset in roman "the Medicaid".

11 Page 3, reset in roman line 34.

12 Page 3, between lines 34 and 35, begin a new paragraph and insert:

13 "SECTION 4. IC 12-15-15-2.7 IS ADDED TO THE INDIANA
14 CODE AS A NEW SECTION TO READ AS FOLLOWS
15 [EFFECTIVE JULY 1, 2005]: Sec. 2.7. (a) This section applies to a
16 physician who:

17 (1) provides services in an emergency department of a hospital
18 licensed under IC 16-21; and

19 (2) does not have a contract with a managed care
20 organization.

21 (b) For services rendered and documented in an individual's
22 medical record, physicians must be reimbursed for federally
23 required medical screening exams that are necessary to determine
24 the presence of an emergency using the appropriate Current
25 Procedural Terminology (CPT) codes 99281, 99282, or 99283
26 described in the Current Procedural Terminology Manual
27 published annually by the American Medical Association, without
28 authorization by the enrollee's primary medical provider.

29 (c) A physician may agree to provide the services described in
30 subsection (b) for:

31 (1) a negotiated rate other than one hundred percent (100%)
32 of the rate payable under the Medicaid fee structure; or

33 (2) one hundred percent (100%) of the rate payable under the
34 Medicaid fee structure.".

35 Renumber all SECTIONS consecutively.

(Reference is to ESB 66 as printed March 25, 2005.)

Representative Brown T